

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42573

FILED JAN 24 1949

State File No. \_\_\_\_\_

Registration District No. 234

Primary Registration District No. 4385 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Oregon  
(b) City or town Koshkonong  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)  
In this community 80 years

3. (a) PRINT FULL NAME William Price Boak

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Mary Bussell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 17 1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business \_\_\_\_\_

12. Name Wright Boak

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Saphronia Ward

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Peach Williams

(b) Address Koshkonong, Mo.

17. (a) Burial (b) Date thereof 12/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wayside Cem

18. (a) Signature of funeral director Island Carter

(b) Address Thayer, Mo.

19. (a) Jan-13-49 (b) Edna Crass 416  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon  
(c) City or town Koshkonong  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14  
year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1948, to Dec 14 1948,  
that I last saw her alive on Dec 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 2/7/49

Major findings: Of operations 100 PHYSICIAN \_\_\_\_\_

Of autopsy 100 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Wright Boak (M. D. or other) MD

Address Thayer, Mo Date signed 1-4-49

COO per.

~~Date Filed~~  
~~District File Number~~  
~~District Health Officer No.~~  
RECEIVED 1-17-79

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.  
.....  
working under my personal supervision.

Signed *Richard Carter*

Licensed Embalmer No. *4516*

P. O. Address *Shawnee*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**